

## CONTINUING TEMPORARY APPROVAL FOR DIRECTOR OF SPECIAL EDUCATION

**Note:** Documentation that supports the following statements must be maintained in this candidate's file for audit purposes. The employing school district and intermediate school district retains all responsibilities related to the accuracy of this request.

Candidate's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Birth Year: \_\_\_\_\_  
ISD Name: \_\_\_\_\_ LEA Name: \_\_\_\_\_  
Program Category: \_\_\_\_\_ University/College: \_\_\_\_\_  
Effective Date: \_\_\_\_\_ School Year: \_\_\_\_\_

**YES NO**

\_\_\_\_\_ 1. This candidate has met all criteria required for temporary approval as a director of special education.

\_\_\_\_\_ 2. This candidate received temporary approval as a director of special education in the previous school year and will continue to be employed as a director of special education during the current year.

\_\_\_\_\_ \*3. Indicate "yes" if the ISD has received a copy of the program verification (PV) form from the candidate's Michigan university/college of training showing all coursework requirements for continuing temporary approval have been met, or holds a REC: ADMIN form from a previous school year that shows that all educational requirements had been completed. If the PV form indicates that this candidate did not complete the required coursework and that applicable coursework was not available, you may also indicate "yes."

Indicate "no" if the required coursework hours were not completed and applicable coursework was available. A copy of this request, the PV form, along with documentation that clearly demonstrates circumstances that were beyond the candidate's control, must be submitted to the Michigan Department of Education – Office of Special Education and Early Intervention Services (MDE-OSE/EIS) for consideration. The computerized process will not accept this request.

\_\_\_\_\_ 4. Personnel signatures by the candidate, employer, and intermediate school district.

\*Candidates must take a minimum 6 semester or equivalent hours between September 1 and August 31 of the previous school year in order to receive a continuing temporary approval.

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**PERSONNEL SIGNATURES:**

\_\_\_\_\_  
Candidate's Signature Date

\_\_\_\_\_  
LEA/Employer Signature Date

\_\_\_\_\_  
ISD Superintendent/Designee Signature Date

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Return to: \_\_\_\_\_ cc: Intermediate School District

(ISD Contact) \_\_\_\_\_ School District

\_\_\_\_\_  
Candidate

Telephone #: \_\_\_\_\_ University/College (if applicable)